

# **State Opioid Response 2 (SOR2)**

## **Provider Manual**

**October 2020**



## A. Introduction

State Opioid Response 2 (SOR2) is a two-year grant awarded to the Iowa Department of Public Health (IDPH) by the Substance Abuse and Mental Health Services Administration (SAMHSA) in September 2020. The SOR2 project aims to address the opioid crisis by increasing access to medication-assisted treatment (MAT) using the three FDA-approved medications for the treatment of opioid use disorder (OUD), reducing unmet treatment needs, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder. This program also supports evidence-based prevention, treatment and recovery support services to address stimulant misuse and use disorders, including cocaine and methamphetamine.

***SOR2 funding supplements, but does not replace or supplant, existing services and funding streams.***

Iowa’s SOR2 project is consistent with IDPH’s “recovery-oriented system of care” model that integrates substance use disorder prevention, treatment, and recovery support services. Total funding available for SOR2 covered services is \$8,981,573 per year for two years. SOR2 intends to serve at a minimum, the following number of clients in each year of the grant, beginning September 30, 2020.

Grant Year	Minimum # Iowans to be served in Year 1	Minimum # Iowans to be served in Year 2	Total
Prevention	600	700	1300
Treatment & Recovery	600	700	1300

For minimum/maximum required client numbers per agency, please refer to contractual documents. SOR2 covered services are managed through an electronic Voucher Management System (VMS) within the ISMART system. Care Coordination providers enter vouchers into the VMS for selected covered services. All SOR2 providers enter encounters into the VMS when they provide a covered service to a client. Providers then submit a report of all encounters completed into the claims section of [Iowagrants.gov](http://Iowagrants.gov) grant site and IDPH pays the providers.

SOR2 policies and requirements are addressed in this *Provider Manual*.

***This Provider Manual and its requirements are incorporated by reference into IDPH contracts with SOR2 providers.***

## B. SOR2 Goals

Iowa’s implementation of SOR2 centers around the following goals:

- Ensure Iowans statewide can access high quality treatment services for opioid & stimulant use disorders
- Increase awareness of opioid & stimulant risks through statewide prevention efforts

IDPH assures provider and client input to the SOR2 project through stakeholder discussions and solicitation of client and staff feedback during site visits. IDPH staff are available for technical assistance and case consultation.

### **C. SOR2 Client Eligibility**

An individual who meets all of the following criteria is eligible for participation in SOR2:

1. Resident of the state of Iowa
2. Age 18 or older
3. Diagnosis of an opioid or stimulant use disorder using DSM-5 criteria or a history of opioid or stimulant overdose
4. Documented need for SOR2 covered services (see below)
5. Without adequate insurance or other financial resources to pay for SOR2 covered services

Recipients must utilize third party and other revenue realized from the provision of services to the extent possible and use SOR2 grant funds only for services to:

- individuals who are not covered by public or commercial health insurance programs,
- individuals for whom coverage has been formally determined to be unaffordable, or for services that are not sufficiently covered by an individual's health insurance plan.

Recipients are expected to facilitate the health insurance application and enrollment process for eligible uninsured clients. Recipients should also consider other systems from which a potential service recipient may be eligible for services (for example, the Veterans Health Administration or senior services), if appropriate for and desired by that individual to meet his/her needs. In addition, recipients are required to implement policies and procedures that ensure other sources of funding are utilized first when available for that individual.

IDPH reserves the right to make exceptions to the eligibility criteria on a case-by-case basis. For special circumstances, the provider must submit an Exception Request to IDPH.

### **D. SOR2 Provider Eligibility and Contracts**

Prospective providers can initiate a contract with IDPH, during the established contracting periods, to provide SOR2 covered services by submitting a completed SOR2 Provider Application. All prospective SOR2 providers must submit the SOR2 Provider Application and supporting documents for review. The completed application must be submitted through the application process in [IowaGrants.gov](http://IowaGrants.gov).

After receiving the SOR2 application, IDPH staff review all application documents and submit accepted applications for issuance of a contract. Potential providers whose applications are not accepted are contacted and given the opportunity to provide additional documentation. Providers have 30 days to provide IDPH with the additional documentation needed to complete the application process or the application will be denied. Providers whose applications are denied will be notified. Once an application is reviewed, accepted, and processed by IDPH, a contract will be issued. The application process generally takes six weeks from the time IDPH receives the

completed application packet and all necessary additional documentation. IDPH retains the right to deny an application when there are a sufficient number of similar providers in a specific service area.

To participate in SOR2, a provider must have a signed contract with IDPH to provide specific SOR2 covered services. See [Appendix A](#) for required provider qualifications for each SOR2 covered service.

To be eligible to enter into a contract with IDPH to provide SOR2 covered services, providers must demonstrate the computer capability necessary to work with the VMS. The minimum required computer capability is Windows Internet Explorer 10.0 and above, or another browser such as Safari, Firefox or Google Chrome.

## **E. SOR2 Covered Services**

For the purposes of this project, IDPH has established the SOR2 covered services listed below (for complete information on each covered service, including service descriptions, units of service, reimbursement rates, and qualification requirements, see [Appendix A](#)). In general, clients participating in SOR2 choose the covered services they want; the amount, frequency, and duration of their selected covered services (***generally up to \$5,000***); and their covered services providers. There are three types of covered services available through SOR2: Care Coordination, Contingency Management, and Recovery Support Services.

### **1. Care Coordination Services**

All SOR2 clients receive Care Coordination, the central service around which Iowa's SOR2 program is organized. Care coordination services providers establish and maintain relationships with SOR2 clients over time and assist clients in identifying and accessing SOR2 covered services. SOR2 covered services are selected through the Care Coordination services process and are vouchered through Care Coordination services providers. Generally, up to **\$1,580** in SOR2 funding is available in total for the following Care Coordination services, which includes Government Performance and Results Act (GPRA) Interviews:

- SOR2 Grant Intake with GPRA Intake Interview
- Care Coordination
- Care Coordination with GPRA Discharge Interview
- Care Coordination with GPRA Follow-up Interview

While client choice is a core principle of SOR2, SOR2 funding is not an entitlement. Care Coordination providers have the responsibility to determine the appropriate use of funding and amount of funding as related to a client's recovery goal.

Each Care Coordination provider is assigned a client admission number each year. Admission caps support overall project management and are determined by a variety of factors including total project clients, available funding, and provider performance, such as GPRA follow-up rates.

Because of GPRA ([Government Performance and Results Act](#)) reporting requirements, transferring Care Coordination services from one provider to another is typically not allowed unless a client is permanently relocating to another city/town and the capacity to transfer is operational in ISMART. For all transfers of Care Coordination services, the Care Coordination provider must request prior approval from IDPH by submitting an Exception Request Form.

## 2. Contingency Management

All SOR2 clients may receive Contingency Management services as a means of encouraging participation in project services. Research has shown that the longer an individual participates in projects similar to SOR2, the more successful they are long term in changing behaviors. A total of \$15 in the form of a gift card can be provided to an individual for every three clinical and/or recovery based sessions attended (limited to no more than one incentive per week).

Clients are to receive gift cards based on the number of sessions attended, and the increased unit reimbursement should go to the client in the form of a gift card administered by the provider. Upon completion of the 15 sessions, incentives are to be discontinued. Generally, up to **\$75** in SOR2 funding is available in total for contingency management.

Any alternative model of implementation for contingency management must have documented prior approval by IDPH and must explain the need for the changes relevant to the provider's community, as well as confirm the evidence-base of the model.

## 3. Recovery Support Services

All SOR2 clients may receive recovery support services as a means of increasing access and reducing barriers to recovery. Clients select the recovery support services that best meet their needs through the care coordination process and the care coordination services provider inputs vouchers for the selected services into the VMS. Generally, up to **\$3,345** in SOR2 funding is available in total for the following recovery support services:

- Co-Pays
- Dental Services
- Drug Testing
- HIV and Viral Hepatitis Testing
- Housing Assistance
- MAT Medical Care
- MAT Medical Evaluation
- MAT Medication
- Recovery Calls
- Recovery Peer Coaching
- Supplemental Needs – Clothing/Personal Hygiene
- Supplemental Needs – Education
- Supplemental Needs – Transportation: Bus
- Supplemental Needs – Transportation: Gas Cards / Cab / Ride Sharing Apps

- Supplemental Needs – Utility Assistance
- Supplemental Needs – Wellness

## F. Accessing SOR2 Covered Services

Prospective clients access SOR2 covered services through a SOR2 Grant Intake with GPRA Intake Interview (*see Appendix B – SOR2 Grant Intake Form*) with a provider with a contract with IDPH for that purpose.

*Clients may participate in SOR2 for up to 24 months or until the end of the project period, whichever is shorter.*

Through the SOR2 Grant Intake, the prospective client and SOR2 care coordination services provider:

- determine a prospective client’s eligibility for SOR2 participation
- assess the client’s need for SOR2 covered services
- obtain client’s consent and discuss preferences for SOR2 covered services
- identify client-selected SOR2 covered services and providers
- complete required paperwork, including, but not limited to, the GPRA Intake Interview
- review the care coordination services process and schedule the next Care Coordination contact
  - The SOR2 Grant Intake provider should schedule the Care Coordination with GPRA Follow-up Interview during the SOR2 Grant Intake.
- contact other providers, as indicated, to schedule or otherwise facilitate access to selected SOR2 covered services.

### 1. Accessing Supplemental Needs

Specific additional requirements apply for SOR2 clients who select Supplemental Needs.

- All clients are eligible for Transportation and Contingency Management immediately upon admission into SOR2.
- SOR2 clients are eligible to receive up to **\$300** for additional Supplemental Needs services beginning 30 days after admission into SOR2, with the following exceptions:
  - Any clients released from a correctional facility within 90 days prior to admission into SOR2 are eligible for up to \$150 of Supplemental Needs for clothing/hygiene upon admission into SOR2 within the first thirty days of admission into the grant.
  - SOR2 clients are eligible to receive any additional Supplemental Needs services after five months of SOR2 participation.
- With the exception of Contingency Management and Gas Cards, no other Supplemental Needs funding is to be given directly to clients. This includes cash, checks or gift cards.

- To access Supplemental Needs covered services, SOR2 clients must be participating in substance use disorder treatment through any payor or be receiving at least one of the following recovery services:
  - Recovery Peer Coaching
  - 12 Step or other formally recognized recovery support groups
  - Family Treatment/Drug Court
- Care Coordination providers are to collect documentation of client involvement in recovery services not funded by SOR2. Failure on the part of the client to obtain documentation from these service providers may result in interruption of funding.

## **G. Vouchers**

Following the SOR2 Grant Intake with GPRA Intake Interview with the client, the care coordination services provider enters vouchers into the Voucher Management System (VMS). It is the responsibility of the Care Coordination services provider to facilitate the client-selected referral, including contacting the referral provider to coordinate care.

- Vouchers must specify selected SOR2 covered services and providers, the number of units for each vouchered service, and the start and end dates (date range) of the voucher.
- The maximum date range for a voucher is 90 calendar days.
- SOR2 care coordination services providers may extend the voucher prior to the voucher end date, based on on-going discussion with the client and client choice.

For any voucher that would put total expenditures for a specific SOR2 client at more than **\$5,000**, the Care Coordination provider must request prior approval by IDPH by submitting an Exception Request Form (see *Appendix I State Opioid Response 2 – Exception Request Form*). IDPH will respond to Care Coordination provider approval requests with a decision within fifteen calendar days.

***IDPH reserves the right to change the client expenditure limit or otherwise revise funding or terminate vouchers based on the availability of SOR2 funds.***

## **H. Encounters and Payment**

SOR2 providers document provision of SOR2 covered services, enter encounter information into the VMS, and submit requests for payment to IDPH, as described below.

***Provider failure to follow the processes and requirements outlined below may result in delayed or denied payment.***

### **1. Encounters**

Each SOR2 provider must enter service delivery information into the ISMART VMS as an “encounter” for each of the SOR2 covered services they provide.

- Each SOR2 covered service provided must be consistent with the voucher in the VMS and with documentation in the provider's record system.
- Each SOR2 covered service provided must be documented in the provider's record system. (See [Appendix F State Opioid Response 2 - Documentation Requirements](#)).
- An encounter must be entered into the VMS for each SOR2 covered service within seven(7) calendar days of the date the service was provided.

## 2. Payment

A SOR2 covered service is reimbursable through SOR2 funding only when there is no other funding source for that service. Care coordination services providers are responsible for determining and documenting lack of funding for each SOR2 covered service.

Each SOR2 provider must submit a claim to IDPH via Iowa Grants by the 15<sup>th</sup> of each month that summarizes payment requested for all SOR2 covered services provided during the previous calendar month.

- Providers must review a summary of encounter documentation in the VMS to assist in completing the claim.
- SOR2 covered services claimed in IowaGrants.gov must be consistent with encounter information in the VMS and with documentation in the provider's record system.
- IDPH verifies requests for payment by reviewing the claim against encounter information in the VMS.
  - IDPH may review documentation in the provider's record system as part of the claim verification process.
- Generally, IDPH processes and pays claim requests within 60 days of receipt.

## I. GPRA Data Collection

Providers with a contract with IDPH to provide care coordination services collect GPRA ([Government Performance and Results Act](#)) data at three specific times, using the GPRA tool in the VMS:

### 1. GPRA Intake

GPRA intake information is completed during the SOR2 Grant Intake with GPRA Intake Interview that initiates admission to the SOR2 project.

### 2. GPRA Discharge

GPRA discharge information is completed during the Care Coordination with GPRA Discharge Interview conducted on the date of discharge from the SOR2 project.

- If a SOR2 client does not present on the scheduled day of discharge, the provider should arrange to meet with the client to complete the Care Coordination with GPRA Discharge Interview within 14 calendar days.

- If a SOR2 client has not received services for 30 consecutive days, the provider should arrange to meet with the client to complete the Care Coordination with GPRA Discharge Interview within 14 calendar days of the 30<sup>th</sup> day of inactivity.
- If the Care Coordination with GPRA Discharge Interview cannot be completed within 14 calendar days of the discharge date, the provider should submit an Administrative Discharge by completing sections A, J, and K of the GPRA tool.
- In the event a GPRA Discharge Interview occurs prior to completion of the GPRA Follow-up Interview, the Care Coordination provider is still required to locate the client to complete the GPRA Follow-up Interview.

### 3. GPRA Follow-up

GPRA Follow-up is completed during the Care Coordination with GPRA Follow-up Interview conducted between five and eight months after the date of the client's admission to the SOR2 project (for information on effective follow-up strategies, see *Appendix H State Opioid Response 2 - GPRA Follow-up Strategies*).

- The Care Coordination with GPRA Follow-up Interview should be scheduled during the SOR2 Grant Intake for between five and eight months from the admission date.
- SOR2 clients who complete a Care Coordination with GPRA Follow-up Interview receive a \$30 gift card from the provider. If a GPRA Follow-up Interview is conducted by telephone, a gift card should be mailed to the client. If the client is incarcerated, the gift card should be mailed to an individual designated by the client. Gift cards cannot be mailed directly to the incarcerated client.
  - The reimbursement rate for Care Coordination with GPRA Follow-up Interview covers the provider's purchase, management, and distribution of client gift cards.
  - The distribution of client gift cards should be documented on *Appendix J State Opioid Response 2 – Receipt Form*.

***SAMHSA policy requires that after 30 days of no activity, defined as no receipt of any SOR2 covered service, the client should be discharged from SOR. The GPRA Discharge Interview and GPRA Follow-up Interview must still be completed within the required timeframes.***

GPRA interviews must be entered into the VMS within seven calendar days of the date of the interview. Information regarding the administration of the GPRA tool can be found in the VMS User Guide at [www.idph.iowa.gov/mat](http://www.idph.iowa.gov/mat)

***Follow-up is a key requirement of the SOR2 grant.  
Providers must conduct GPRA Follow-up Interviews with at least 80% of their SOR2 clients.***

## J. Confidentiality

Confidentiality of client information is an ethical obligation for all providers and a legal right for every client, whether such information is received verbally or in writing and whether it is received from the client or a third party. SOR2 providers must comply with confidentiality of client

information and protected health information requirements as set forth in state and federal regulations.

Providers must obtain a completed release of information (see *Appendix E State Opioid Response 2 - Release of Information*) from each SOR2 client, for each party to whom information is disclosed.

Providers with a contract with IDPH to provide SOR2 Grant Intake should ask SOR2 clients to list three personal contacts on *Appendix D State Opioid Response 2 - Collateral Contacts Form*, or within the client profile in the VMS, and sign a release of information to each contact to help the provider locate the client to complete the Care Coordination with GPRA Follow-up Interview.

Providers should use the unique client identification number assigned by the VMS when referring to a SOR2 client in written communications, including e-mail. The provider may not disclose protected health information in e-mail communications.

## **K. Additional Requirements**

SOR2 providers must comply with the following additional requirements:

### **1. Audit or Examination of Records**

The Auditor of the State of Iowa or any authorized representative of the State and, where Federal funds are involved, the Comptroller General of the United States or any other authorized representative of the United States Government, shall have access to, and the right to examine, audit, excerpt and transcribe any pertinent books, documents, paper, and records of the provider related to order, invoices, or payments of the SOR2 contract. The provider agrees that IDPH may have access to SOR2 records.

### **2. Cultural Competence**

SOR2 clients have the right to culturally competent services. If a provider is unable to provide services to a client with specific cultural needs, the provider should locate appropriate services for the client or contact IDPH for assistance in locating services.

### **3. Health and Safety**

All individuals shall be served in a safe facility. Providers shall maintain documentation of all inspections and correction of all cited deficiencies to assure compliance with state and local fire safety and health requirements. All facilities must be clean, sanitary and in good repair at all times. All facilities will be tobacco free environments. Firearms and other weapons are prohibited on the premises.

### **4. Volunteer Policy**

Volunteers who work with SOR2 clients must comply with policies required by the provider through which they volunteer and with the *SOR2 Provider Manual*. Volunteers must follow standard provider personnel policies, including, but not limited to: ethical behavior, safety, confidentiality, protected health information, computer use, financial responsibility, and drug and alcohol use.

## **5. Conflict of Interest**

The contractor shall establish safeguards to prevent employees, consultants, and members of governing bodies from using their positions for purposes that are, or give the appearance of being, motivated by the desire for private gain for themselves or others with whom they have family, business, or other ties. SOR2 clients may not purchase services or goods from any person or persons whom a potential conflict of interest may occur.

## **L. Guiding Principles**

Provider staff and volunteers must comply with the guiding principles listed below. Provider staff who are licensed or certified in a specific profession must comply with the code of ethics for their profession as well as with the guiding principles, whichever is the higher standard.

- SOR2 clients and family members are treated with honesty, dignity, and respect.
- Providers shall abstain from alcohol or other drug usage prior to or during the provision of SOR2 services.
- Providers shall not accept commissions, gratuities, rebates, gifts, favors, or any other form of non-IDPH payment for SOR2 services.
- Providers shall not misrepresent themselves or their qualifications, licensing or other accreditation requirements, education, experience, or status.
- Providers shall not perform services outside their area of expertise, scope of practice, training, or applicable license or other accreditation by the State of Iowa.
- Providers who are unable to provide a service to a client will refer the client to a provider qualified to provide that service.
- Providers shall not discriminate on the basis of color, age, gender, sexual orientation, national origin, socio-economic status, spiritual/faith beliefs, psychiatric or physical status, or culture, ethnic, or racial background.
- Providers shall not participate in false or fraudulent activities including, but not limited to, submission of claims for services not rendered, submission of false data, knowingly assisting another provider to enter false claims or data, charging a client for all or any part of a service, and/or providing false representation of credentials, qualifications, insurance, or licensure documents.

## **M. Monitoring and Evaluation**

IDPH monitors and evaluates SOR2 services and providers. Monitoring and evaluation areas include, but are not limited to, client eligibility, provider eligibility, provider facilities and policies, service documentation, voucher and encounter data, GPRA reporting, claim forms, critical and provider incidents, and satisfaction surveys. IDPH will conduct site visits and may talk with SOR2 clients and with provider staff. Providers are generally notified of planned site visits in advance but IDPH retains the right to conduct site visits at IDPH discretion.

Providers who do not meet requirements as stated in the *Provider Manual* and the contract may receive technical assistance from IDPH and may be required to conduct corrective action. Certain

violations, safety concerns, or performance below established requirements may result in termination of the provider's contract.

**1. Client Rights**

The provider and client shall review client rights as outlined on *Appendix C State Opioid Response 2 - Voluntary Consent Form* and a signature is required for SOR2 clients.

**2. Complaints**

Providers must have a policy for handling client complaints. SOR2 clients may file a complaint with IDPH by emailing [monica.wilke-brown@idph.iowa.gov](mailto:monica.wilke-brown@idph.iowa.gov)

**3. Incident Reporting**

a. **Critical Incidents** are those events that occur while a client is receiving SOR2 services that negatively impact the client, client's family, other individual or the SOR2 program including but not limited to:

- death
- suicide attempt
- injury to self
- assault or injury to others
- sexual/physical abuse or neglect, or allegation thereof
- incarceration
- inappropriate use of SOR2 funds by client

*Providers must submit a State Opioid Response 2 - Critical Incident Report (see Appendix G) within 24 hours of becoming aware of the incident.*

IDPH researches Critical Incidents as indicated. Follow-up on reported incidents may include, but is not limited to, technical assistance, requirement of corrective action, funding repayment, contract revision or termination, or determination that no inappropriate incident occurred.

**4. Fraud and Abuse Monitoring**

IDPH takes all necessary measures to prevent, detect, investigate, and prosecute acts of fraud and abuse committed against the SOR2 project.

a. For SOR2 project purposes, fraudulent practices include, but are not limited to:

- falsifying information on the provider application or omitting relevant material facts
- misrepresenting staff credentials or qualifications or billing for services provided by unqualified staff
- falsifying client files, records, or other documentation
- billing for services not rendered
- billing multiple times for the same service
- accepting payment for services not rendered

- improper billing to clients for services rendered
- b. For SOR2 project purposes, abusive practices include, but are not limited to:
- making improper diagnoses
  - providing client services that are not necessary or services that are inappropriate for the client's condition
  - knowingly not billing a primary payor for an eligible client
  - offering or accepting payment to refer clients to a particular provider
  - coercing a client to choose a particular provider
  - misrepresenting client outcomes
- c. If a provider or any of its employees, volunteers, or board members commits client abuse, neglect or exploitation; malpractice; or fraud, embezzlement, or other serious misuse of funds, IDPH may terminate the provider's participation in the SOR2 project immediately upon written notice to the provider and may seek repayment of funds.
- d. If a client commits fraud or other serious misuse of funds, IDPH may terminate the client's participation in the SOR2 project immediately upon written notice to the client and providers and may seek repayment of funds.

## **5. Programming and Licensure Changes**

It is the provider's responsibility to inform IDPH of any change in licensure status or other qualifications or in programming that may affect the provider's ability to provide SOR2 covered services.

## **N. Appeals**

A SOR2 provider who disagrees with an IDPH decision to deny a request for approval of a SOR2 covered service or deny payment for a SOR2 covered service may request an informal appeal in writing within 30 calendar days of notice of the action being appealed. The appeal must include the provider's name, the client's unique SOR2 identification number, and specific information to support the provider's appeal. A SOR2 provider, pursuant to this section, is not entitled to a contested case proceeding. The appeal will be reviewed by the IDPH Behavioral Health Division Director or the Director's designee(s). A decision letter will be emailed to the provider within 30 calendar days of the date the appeal was received by IDPH.

## **O. Changes or Exceptions to the Provider Manual**

The *Provider Manual* is subject to change. IDPH will endeavor to inform providers of any changes 30 days before the effective date of the change using the following methods:

- provider calls
- e-mail notification

In order to stay current on changes to the *Provider Manual*, it is the provider's responsibility to regularly review the IDPH website and participate in provider calls.

Providers may request an exception to a *Provider Manual* requirement by submitting *Appendix I State Opioid Response 2 - Exception Request Form* to IDPH via email to: [monica.wilke-brown@idph.iowa.gov](mailto:monica.wilke-brown@idph.iowa.gov)

IDPH reserves the right to take up to 15 calendar days to review all Exception Requests.

\*Additional flexibility to rules for implementation and in-person delivery of SOR2 services is in place during the COVID-19 proclamation. For those marked with this asterisk, please follow the most recent Guidelines provided by IDPH and/or SAMHSA.

**Appendix A**

State Opioid Response 2 - Service Descriptions, Rates, and Qualifications			
Service Description	Unit of Service	Payment Rate	Required Qualifications
<b>CARE COORDINATION SERVICES</b>			
<p><b>Care Coordination</b>            On-going, face-to-face or video-conference meetings with client, conducted as needed to coordinate and support client access to, participation in, and continuation in SOR2 covered services.            Includes:</p> <ul style="list-style-type: none"> <li>discussing client participation in chosen SOR2 covered services</li> <li>supporting client continuation in SOR2</li> <li>entering vouchers for additional SOR2 covered services, as needed</li> <li>documenting each service in the provider’s client records (<i>Appendix F</i>)</li> <li>entering each encounter in the SOR2 VMS</li> </ul>	Unit = 10 minutes  Total available units = 5/month	Unit rate = \$20.00	Person delivering the service must be age 18 or older and be employed by and qualified by: <ul style="list-style-type: none"> <li>a licensed substance use disorder treatment program,</li> </ul> <p style="text-align: center;"><b>or</b></p> <ul style="list-style-type: none"> <li>an organization with documented experience during the 12 consecutive months immediately prior to the date of application in providing referrals, linkages, and coordination of multiple services</li> </ul> <p style="text-align: center;"><b>and</b></p> <ul style="list-style-type: none"> <li>with a contract with IDPH to provide SOR2 Care Coordination.</li> </ul> <p>Care Coordination services must be SOR2 specific and documentation clarifies difference from IPN and other discretionary grant services.</p>
<p><b>SOR2 Grant Intake with GPRA Intake Interview</b>            One time, face-to-face or video-conference (during the COVID-19 pandemic, SAMHSA will allow completion by electronic mail or telephone*) meeting with a prospective SOR2 client conducted prior to admission to SOR2 to determine client eligibility for SOR2 participation as well as client needs and requests for specific SOR2 covered services.</p>	Unit = 1 session  Total	Unit rate = \$150	Person delivering the service must be age 18 or older and be employed by and qualified by: <ul style="list-style-type: none"> <li>a licensed substance use disorder treatment program,</li> </ul> <p style="text-align: center;"><b>or</b></p>

<p>Includes the following SOR2 <i>Provider Manual</i> forms:</p> <ul style="list-style-type: none"> <li>● <i>SOR2 Grant Intake Form (Appendix B)</i></li> <li>● <i>Collateral Contacts Form (Appendix D)</i></li> <li>● <i>Release of Information (Appendix E)</i></li> <li>● <i>Voluntary Consent Form (Appendix C)</i></li> </ul> <p>Includes:</p> <ul style="list-style-type: none"> <li>● determining client eligibility and need for SOR2 services</li> <li>● discussing client choices for SOR2 covered services</li> <li>● entering vouchers for selected SOR2 covered services, including Care Coordination into VMS/I-SMART</li> <li>● completing the GPRA Intake interview and entering it in the SOR2 VMS</li> <li>● scheduling the 6-month GPRA Follow-up Interview with the client</li> <li>● documenting the service in the provider’s records (<i>Appendix F</i>)</li> </ul>	<p>available units = 1</p>		<ul style="list-style-type: none"> <li>● an organization with documented experience during the 12 consecutive months immediately prior to the date of application in providing referrals, linkages, and coordination of multiple services</li> </ul> <p><b>and</b></p> <ul style="list-style-type: none"> <li>● With a contract with IDPH to provide SOR2 Care Coordination.</li> </ul> <p>GPRA interviews may <b>not</b> be conducted by a person delivering Peer Recovery Services.</p>
<p><b>GPRA Discharge Interview</b>          One time, face-to-face or video-conference (during the COVID-19 pandemic, SAMHSA will allow completion by electronic mail or telephone*) meeting with client, conducted at discharge from SOR2, to review client participation in SOR2 covered services and to complete GPRA Discharge Interview.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>● completing the GPRA Discharge Interview and entering it in the SOR2 VMS/I-SMART</li> <li>● entering the encounter in the SOR2 VMS</li> <li>● documenting the service in the provider’s records (<i>Appendix F</i>)</li> </ul>	<p>Unit = 1 meeting</p> <p>Total available units = 1</p>	<p>Unit rate = \$50</p>	<p>Person delivering the service must be age 18 or older and be employed by and qualified by:</p> <ul style="list-style-type: none"> <li>● a licensed substance use disorder treatment program,</li> </ul> <p><b>or</b></p> <ul style="list-style-type: none"> <li>● an organization with documented experience during the 12 consecutive months immediately prior to the date of application in providing referrals, linkages, and coordination of multiple services</li> </ul> <p><b>and</b></p> <ul style="list-style-type: none"> <li>● with a contract with IDPH to provide SOR2 Care Coordination.</li> </ul> <p>GPRA interviews may <b>not</b> be conducted by a person delivering Peer Recovery Services.</p>
<p><b>GPRA Follow-up Interview</b>          One time, face-to-face or video-conference (during the COVID-19 pandemic, SAMHSA will allow completion by electronic mail or telephone*) meeting</p>	<p>Unit = 1 meeting</p>	<p>Unit rate = \$180</p>	<p>Person delivering the service must be age 18 or older and be employed by and qualified by:</p>

<p>with client, conducted six months following admission to SOR2, to complete GPRA Follow-up Interview.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>• completing the GPRA Follow-up Interview and entering it in the SOR2 VMS/I-SMART</li> <li>• giving client \$30 gift card and collecting a signed receipt (electronic signature is acceptable)</li> <li>• documenting the service in the provider’s records (<i>Appendix F</i>)</li> </ul>	<p>Total available units                  =                  1</p>		<ul style="list-style-type: none"> <li>• a licensed substance use disorder treatment program,  <u>or</u></li> <li>• an organization with documented experience during the 12 consecutive months immediately prior to the date of application in providing referrals, linkages, and coordination of multiple services  <u>and</u></li> <li>• with a contract with IDPH to provide SOR2 Care Coordination.</li> </ul> <p>GPRA interviews may <b>not</b> be conducted by a person delivering Peer Recovery Services.</p>
<b>CONTINGENCY MANAGEMENT</b>			
<p><b>Contingency Management</b>                  \$15 for every three sessions (to be clinical and/or recovery based) attended (up to fifteen sessions attended; limited to no more than one incentive per week).</p> <p>Clients are to receive gift cards based on the number of sessions attended, and the units should go to the client in the form of a gift card administered by the provider. Upon completion of the 15 sessions (\$75 total), incentives are to be discontinued.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>• documenting the service in the provider’s records with signed client receipts (<i>Appendix F</i>)</li> <li>• entering the encounter in the SOR2 VMS</li> </ul>	<p>Unit                  =                  1</p> <p>Total available units                  =                  5/year</p>	<p>Unit rate                  =                  \$15</p>	<p>Person delivering the service must be age 18 or older and be employed by and qualified by:</p> <ul style="list-style-type: none"> <li>• a licensed substance use disorder treatment program,  <u>or</u></li> <li>• an organization with documented experience during the 12 consecutive months immediately prior to the date of application in providing referrals, linkages, and coordination of multiple services  <u>and</u></li> <li>• with a contract with IDPH to provide SOR2 Contingency Management.</li> </ul>

**RECOVERY SUPPORT SERVICES**

<b>RECOVERY SUPPORT SERVICES</b>			
<p><b>Co-Pays</b>            Out-of-pocket fees assessed to clients for IPN/SOR2 and/or third party insurers. SOR2 will pay the assessed client out-of-pocket co-pay up to \$400.</p> <p>Only one covered service co-pay may be billed per day.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>documenting each service in the provider’s records (<i>Appendix F</i>)</li> <li>entering each encounter in the SOR2 VMS</li> </ul>	<p>Unit            =            1</p>	<p>Unit rate            =            \$1             maximum of            \$400</p>	<p>Person delivering the service must be a clinician employed by and qualified by an IDPH-funded substance use disorder treatment program with a contract with IDPH to provide Co-Pays.</p>
<p><b>Dental Services</b>            Dental Services includes dental examination, dentures, extraction, filling, x-ray, and other necessary procedures specifically related to the client’s substance use.</p> <p>Clients must be actively involved in SOR2 for a minimum of three months prior to receiving SOR2 Dental Services and must be currently participating in MAT and/or substance use disorder treatment (funded by any payor), or be receiving or participating in at least one recovery support service.</p> <p>Dental Services do not include cosmetic services, fluoride treatment, preventative care, cosmetic dentistry, braces, or the use of precious metals.</p> <p>Each SOR2 client is eligible to use up to \$3,000 for Dental Services. This is within the individual funding cap of \$5,000.</p>	<p>Unit            =            1</p>	<p>Unit rate            =            \$1             maximum of            \$3,000</p>	<p>An individual meeting all licensure standards to practice dentistry as established in Iowa Code chapters 147, 153, and 272C and Administrative Code chapter 650, can apply to be a SOR2 Dental Services provider.</p> <p>A SOR2 Care Coordination provider can fund Dental Services by a qualified provider not enrolled in the SOR2 provider network using the same process currently in place for funding Supplemental Needs.</p> <ul style="list-style-type: none"> <li>A qualified Dental Services provider meets all licensure standards to practice dentistry as established in Iowa Code chapters 147, 153, and 272C and Administrative Code chapter 650.</li> </ul> <p>SOR2 funding may be used only as the funding of last resort. If other resources exist to pay for Dental Services, those resources must be exhausted and documented in the provider’s records prior to utilization of SOR2 funds.</p>

<p><b>Drug Testing</b>          A laboratory test to collect and analyze urine, blood, hair, or saliva, to determine whether a client is using, or has used, alcohol or other drugs.</p> <p>Specimens obtained from clients shall be collected under direct supervision and analyzed as indicated by the program.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>● documenting each service in the provider’s client records (<i>Appendix F</i>)</li> <li>● documenting client receipt of goods or services (<i>Appendix J</i>)</li> <li>● entering each encounter in the SOR2 VMS</li> </ul>	<p>Unit          =          1 test</p>	<p>Unit rate          =          \$10</p>	<p>Provider delivering this service must be a licensed substance use disorder treatment program with a contract with IDPH to provide SOR2 required services.</p> <p>Any laboratory used by the provider for drug testing and analysis shall comply, if applicable, with all federal and state proficiency testing programs. Any provider conducting on-site urine testing shall comply with the Clinical Laboratory Improvement Act regulations.</p>
<p><b>HIV and Viral Hepatitis Testing</b>          A rapid, point-of-care test to collect and analyze blood or an oral swab to determine whether a client has HIV and/or viral hepatitis.</p> <p>Specimens obtained from clients shall be collected under direct supervision and analyzed as indicated by the program.</p> <p>If a confirmatory test is needed, submit an Exception Request to IDPH.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>● documenting each service in the provider’s client records (<i>Appendix F</i>)</li> <li>● documenting client receipt of goods or services (<i>Appendix J</i>)</li> <li>● entering each encounter in the SOR2 VMS</li> </ul>	<p>Unit          =          1 test</p>	<p>Rapid HIV          1 (1          minute) Test          =          \$45</p> <p>Rapid HIV (20          min) Test =          \$67</p> <p>Rapid HCV          (20 min) Test          =          \$74</p>	<p>Provider delivering this service must be a licensed substance use disorder treatment program with a contract with IDPH to provide SOR2 required services.</p> <p>An organization is required to have the ability to draw a confirmatory sample and submit it to a laboratory or have a formal relationship with an organization for confirmatory testing. Any laboratory used by the provider for testing and analysis shall comply, if applicable, with all federal and state proficiency testing programs. Any provider conducting on-site testing shall comply with the Clinical Laboratory Improvement Act regulations.</p>
<p><b>Housing Assistance</b>          Short-term housing in a safe and recovery-oriented environment for clients with no other housing alternatives conducive to SUD recovery. Housing may be provided in a facility for individuals in recovery or in a facility providing related services in the community.</p>	<p>Unit          =          1</p>	<p>Unit Rate          =          \$1</p> <p>Maximum of          \$300/month</p>	<p>Organization delivering the service must be legally organized and recognized as a housing provider with a focus on providing housing services to individuals in recovery from substance use disorder, and have a contract with IDPH to provide SOR2 Housing Assistance.</p>

<p>Housing costs are to be based on a per night stay and billed at the end of each month.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>documenting each service in the provider’s records (<i>Appendix F</i>)</li> <li>entering each encounter in the SOR2 VMS</li> <li>documenting each overnight bed day client is present</li> </ul>			<p>The organization must have a documented history of providing housing assistance during the 12 consecutive months immediately prior to the date of application to IDPH and be affiliated with the National Alliance for Recovery Residences (NARR) to become a SOR2 provider.</p>
<p><b>MAT Medical Care</b>          Medical Care means ongoing medical evaluation services provided by a licensed medical prescriber to assess appropriateness for continued medication-assisted treatment and/or tobacco cessation services.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>documenting the service in the provider’s records (<i>Appendix F</i>)</li> <li>entering the encounter in the SOR2 VMS</li> </ul>	<p>Unit          =          1</p>	<p>Unit rate          =          \$50/day</p>	<p>Organizations or practitioners who deliver these services must meet all state and federal guidelines and licensure requirements in prescribing pharmacological interventions, and have a contract with IDPH to provide SOR2 required services.</p>
<p><b>MAT Medical Evaluation</b>          Medical Evaluation means an assessment conducted by a physician or other licensed prescriber to determine the need for medication-assisted treatment.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>documenting the service in the provider’s records (<i>Appendix F</i>)</li> <li>entering the encounter in the SOR2 VMS</li> </ul>	<p>Unit          =          1          appointment</p>	<p>Unit rate          =          \$150            Limit of 1 per patient</p>	<p>Organizations or practitioners who deliver these services must meet all state and federal guidelines and licensure requirements in prescribing pharmacological interventions, and have a contract with IDPH to provide SOR2 required services.</p>
<p><b>MAT Medication</b>          Assistance provided to clients to purchase FDA approved prescription pharmacological medications used only for the treatment of opioid use disorder, only including:</p> <ul style="list-style-type: none"> <li>Naltrexone (Vivitrol)</li> <li>Buprenorphine</li> <li>Methadone</li> </ul> <p><i>*If any medications are FDA approved for Stimulant Use Disorder after the start date of the contract those medications will be allowed upon request.</i></p>	<p>Unit          =          1</p>	<p>Unit rate          =          \$1            maximum of:            \$12/dose for methadone,            \$500/month for oral</p>	<p>Organizations or practitioners who deliver these services must meet all state and federal guidelines and licensure requirements in prescribing pharmacological interventions, and have a contract with IDPH to provide SOR2 required services.</p>

<p>If costs for this service are higher than the maximum amount of funding allowed per month, the provider of this service can collect the remaining amount owed from the SOR2 client, or request an exception.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>● documentation of adherence to medical protocols</li> <li>● documentation of medication prescription and/or pharmacy receipt</li> <li>● documenting client receipt of goods or services (<i>Appendix J</i>)</li> <li>● documenting each service in the provider’s records (<i>Appendix F</i>)</li> <li>● entering each encounter in the SOR2 VMS</li> </ul>		<p>buprenorphine          ,          \$1400/month          for injectable          naltrexone or          buprenorphine</p>	
<p><b>Recovery Calls</b>          Weekly telephone or video conference meetings between the SOR2 client and an employee or volunteer using the established tool to discuss routine recovery issues following discharge from substance use disorder treatment services.</p> <p>This service cannot be provided to the client in conjunction with Recovery Peer Coaching, or Substance use disorder Treatment. Leaving messages does not count as a completed Recovery Call.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>● documenting client contacts and outcomes using the SOR2 Recovery Call Questionnaire (<i>Appendix K</i>)</li> <li>● documenting each service in the provider’s client records (<i>Appendix F</i>)</li> <li>● providing IDPH data or copies of recovery calls each quarter</li> <li>● entering the encounter in the SOR2 VMS</li> </ul>	<p>Unit          =          1 completed          call</p> <p>Total          available          units per          week          =          1</p>	<p>Unit rate          =          \$20</p>	<p>Person delivering the service must be age 18 or older and be employed by or have a formalized volunteer relationship with an organization that has a contract with IDPH to provide SOR2 required services.</p> <p>Qualifications include documented protocols which evidence training and education to employees and/or volunteers that is acceptable to IDPH.</p>
<p><b>Recovery Peer Coaching</b>          Face-to-face or video conference meetings, provided on an individual basis between the client and a Recovery Peer Coach to discuss routine recovery issues from a peer perspective.</p> <p>Transportation costs are included in the unit rate.</p> <p>This service cannot be provided to the client in conjunction with Recovery Calls.</p>	<p>Unit          =          30 minutes</p> <p>Total          available          units per          week          =</p>	<p>Unit rate          =          \$35.00</p>	<p>Person delivering the service must be age 18 or older and be employed by or have a formalized volunteer relationship with an organization that has a contract with IDPH to provide SOR2 required services.</p> <p>Additional eligibility requirements include:</p> <ul style="list-style-type: none"> <li>● Must be a person in recovery from a substance use disorder, have worked on</li> </ul>

<p>This service is not intended as a substitute for counseling.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>documenting each service in the provider’s client records (<i>Appendix F</i>)</li> <li>documenting recovery goals in the Recovery Plan (<i>Appendix N</i>)</li> <li>entering the encounter in the SOR2 VMS</li> </ul>	<p>3</p>		<p>their own recovery, and be willing to share those experiences</p> <ul style="list-style-type: none"> <li>Must have documented training in recovery peer coaching or peer facilitation or peer support that is acceptable to IDPH</li> <li>If the proposed recovery peer coach is trained/educated in a behavioral health field, training as a recovery peer coach must have occurred prior to training/education in a behavioral health field</li> </ul> <p>Recovery Peer Coach position and employee must be covered under the organization’s personnel and liability policies.</p>
<p><b>Supplemental Needs – Clothing/Personal Hygiene Products</b>          Assistance provided to clients to purchase clothing or personal hygiene products that supports the client’s recovery.</p> <p>Clothing:          This service includes clothing to be used for employment, education, and other recovery-related needs. Clothing vouchers may be issued in segments as related to agency policy or client need.</p> <p>Personal Hygiene:          This service includes hygiene products related to individual daily needs, including soap, shampoo, toothpaste, deodorant, shaving needs, feminine hygiene products, and dental products. This service does not include perfume, cologne, nail polish, nail polish remover, make-up, hair color, electric razors, cleaning supplies or other purchases as designated by the Care Coordination provider. Products containing alcohol are strongly discouraged.</p> <p>The Care Coordination provider enters the voucher for Supplemental Needs and funding. The Care Coordination provider pays for the item or service</p>	<p>Unit          =          \$1</p>	<p>Unit rate          =          \$1            maximum of          \$500</p>	<p>Organization approving the service must meet the qualifications to provide SOR2 Care Coordination, and have a contract with IDPH to provide Supplemental Needs – Clothing/Personal Hygiene Products.</p>

<p>directly, consistent with the voucher, obtains a receipt documenting payment, and enters the encounter in the VMS.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>entering the voucher in the SOR2 VMS</li> <li>documenting the distribution of funding (<i>Appendix J</i>)</li> <li>documenting each service in the provider's records (<i>Appendix F</i>)</li> <li>entering each encounter in the SOR2 VMS</li> </ul>			
<p><b>Supplemental Needs – Education</b>          Assistance provided to clients for the purpose of completing or continuing education. This service may be used for GED coursework and testing, English as a second language classes (ESL), or educational materials, training or conference attendance, books and tuition at a secondary educational institution.</p> <p>The Care Coordination provider enters the voucher for Supplemental Needs and funding. The Care Coordination provider pays for the item or service directly, consistent with the voucher, obtains a receipt documenting payment, and enters the encounter in the VMS.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>entering the voucher in the SOR2 VMS</li> <li>documenting the distribution of funding (<i>Appendix J</i>)</li> <li>documenting each service in the provider's records (<i>Appendix F</i>)</li> <li>entering each encounter in the SOR2 VMS</li> </ul>	<p>Unit          =          \$1</p>	<p>Unit rate          =          \$1            maximum of          \$800</p>	<p>Organization approving the service must meet the qualifications to provide SOR2 Care Coordination, and have a contract with IDPH to provide Supplemental Needs - Education.</p>
<p><b>Supplemental Needs - Transportation: Bus</b>          Transportation by bus to and from an activity related to the client's recovery.</p> <p>A provider with a contract with IDPH to provide SOR2 Transportation - Bus may purchase and distribute bus passes to clients or otherwise pay for client bus transportation and be reimbursed through SOR2.</p> <p>Prior to the distribution of additional bus passes, individuals must provide/show their previous month's bus pass to Care Coordination staff.</p>	<p>Unit          =          \$1</p>	<p>Unit rate          =          \$1</p>	<p>Organization approving the service must meet the qualifications to provide SOR2 Care Coordination, and have a contract with IDPH to provide Transportation - Bus.</p>

<p>Failure to provide/show their previous month’s bus pass may result in the loss of future bus passes.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>entering the voucher in the SOR2 VMS</li> <li>documenting each service in the provider’s records (<i>Appendix F</i>)</li> <li>documenting the distribution of funding (<i>Appendix J</i>)</li> <li>entering each encounter in the SOR2 VMS</li> </ul>			
<p><b>Supplemental Needs - Transportation: Gas Cards / Cab / Ride Sharing Apps</b></p> <p>Transportation assistance in the form of gas cards, to be given directly to the client on a weekly basis, for the purpose of transportation to and from an activity related to a client’s recovery. Agencies may reimburse cab or ride sharing apps costs through the use of agency credit cards or agreement with the transportation company on a weekly or monthly basis.</p> <p>Clients receiving Transportation - Bus (see above) are also eligible for up to \$10 per week of Supplemental Needs - Gas Cards.</p> <p>Prior to the distribution of additional gas cards, cab and ride sharing app fare, individuals must provide a receipt from the previous use. Failure to provide a receipt or inappropriate use of transportation may result in the loss of client access to Supplemental Needs.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>entering the voucher in the SOR2 VMS</li> <li>purchasing and distributing gas cards, cab and ride sharing app fare</li> <li>documenting the distribution of funding (<i>Appendix J</i>)</li> <li>documenting the appropriate use of transportation</li> <li>documenting follow up from inappropriate use of transportation</li> <li>documenting each service in the provider’s client records (<i>Appendix F</i>)</li> <li>entering each encounter in the SOR2 VMS</li> </ul>	<p>Unit = 1 gas card</p>	<p>Unit Rate = \$1  maximum of \$960</p>	<p>Organization approving the service must meet the qualifications to provide SOR2 Care Coordination, and have a contract with IDPH to provide Supplemental Needs - Gas Cards / Cab / Ride Sharing Apps.</p>

<p><b>Supplemental Needs –Utility Assistance</b>          Assistance provided to clients to pay past due utilities/deposits (electricity, gas, water) that assist in establishing or maintaining their residence.</p> <p>Utility Assistance: Client must have documentation of denial from other sources for utility assistance and documentation of utility bill. Utility Assistance can be used for past due bills that are interfering in the client’s ability to obtain housing. Utility bills must be in the SOR2 client’s name or show proof of residence.</p> <p>Failure to provide a receipt for phone gift cards used may result in the loss of <u>all</u> Supplemental Needs.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>● entering the voucher in the SOR2 VMS</li> <li>● documenting the distribution of funding (<i>Appendix J</i>)</li> <li>● documenting each service in the provider’s records (<i>Appendix F</i>)</li> <li>● entering each encounter in the SOR2 VMS</li> <li>● maintaining copies of utility bills</li> </ul>	<p>Unit          =          \$1</p>	<p>Unit rate          =          \$1           maximum of          \$200</p>	<p>Organization approving the service must meet the qualifications to provide SOR2 Care Coordination, and have a contract with IDPH to provide Supplemental Needs - Utility Assistance.</p>
<p><b>Supplemental Needs – Wellness</b>          Assistance provided to clients for the purchase of items or services that support improved health. This may include an eye exam or the purchase of eye glasses/contact lenses, fitness memberships (including family memberships), smoking cessation, nutritional counseling, mindfulness meditation classes, yoga classes, chiropractic care, acupuncture, massage therapy.</p> <p>This service does not cover costs associated with treatment for general medical/health related issues. An exception request for any other wellness items must be submitted with a detailed justification demonstrating the evidence-based health benefit and addressing any risks of participation.</p> <p>The Care Coordination provider enters the voucher for Supplemental Needs and funding. The Care Coordination provider pays for the item or service directly, consistent with the voucher, obtains a receipt documenting payment, and enters the encounter in the VMS.</p>	<p>Unit          =          \$1</p>	<p>Unit rate          =          \$1           maximum of          \$600</p>	<p>Organization approving the service must confirm the relevant professional credential of the providers for nutritional counseling, chiropractic care, acupuncture, and massage therapy. Organizations must also meet the qualifications to provide SOR2 Care Coordination, and have a contract with IDPH to provide Supplemental Needs - Wellness.</p>

<p>Includes:</p> <ul style="list-style-type: none"><li>● entering the voucher in the SOR2 VMS</li><li>● documenting the distribution of funding (<i>Appendix J</i>)</li><li>● documenting each service in the provider's records (<i>Appendix F</i>)</li><li>● entering each encounter in the SOR2 VMS</li></ul>			
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**Appendix B**

**State Opioid Response 2 - Grant Intake Form**

Date of Session: \_\_\_\_\_ Client Name: \_\_\_\_\_  
Client DOB: \_\_\_\_\_ Client ID: \_\_\_\_\_  
Client Address: \_\_\_\_\_  
Client Phones: \_\_\_\_\_  
Care Coordination Provider: \_\_\_\_\_

**Section I** - The client is eligible for SOR services if questions 1 through 5 are answered Yes and the agency has obtained the required documentation that the individual meets the federal poverty guidelines.

**Recovery Support Services Eligibility**

1. The client is 18 years of age or older. YES \_\_\_\_\_ NO \_\_\_\_\_
2. The client has a diagnosis of an opioid use disorder and/or stimulant use disorder or has a history of an opioid or stimulant overdose.  
YES \_\_\_\_\_ NO \_\_\_\_\_
3. The client demonstrates the need for SOR2 covered services.  
YES \_\_\_\_\_ NO \_\_\_\_\_
4. The client does not have adequate insurance or personal financial resources to pay for requested SOR2 covered services documented in Section II.  
YES \_\_\_\_\_ NO \_\_\_\_\_

**Section II** - Document client needs and requests for specific SOR2 covered services.  
Document lack of insurance or other financial resources for requested SOR2 covered services

**All SOR clients receive the following covered services:**

- SOR2 Grant Intake with GPRA Intake Interview
- Care Coordination
- Care Coordination with GPRA Discharge Interview
- Care Coordination with GPRA Follow-up Interview

**Document need, request, and lack of other payment for the following SOR2 covered services:**

<b>Recovery Support Services</b>
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- Co-Pays: \_\_\_\_\_
- Dental Services: \_\_\_\_\_
- Drug Testing: \_\_\_\_\_
- HIV and Viral Hepatitis Testing: \_\_\_\_\_
- Housing Assistance: \_\_\_\_\_
- MAT Medical Care: \_\_\_\_\_
- MAT Medical Evaluation: \_\_\_\_\_
- MAT Medication: \_\_\_\_\_
- Recovery Calls: \_\_\_\_\_
- Recovery Peer Coaching: \_\_\_\_\_
- Supplemental Needs – Clothing/Personal Hygiene: \_\_\_\_\_
- Supplemental Needs – Education: \_\_\_\_\_
- Supplemental Needs – Transportation: Bus: \_\_\_\_\_
- Supplemental Needs – Transportation: Gas Cards / Cab / Ride Sharing Apps: \_\_\_\_\_
- Supplemental Needs – Utility Assistance: \_\_\_\_\_
- Supplemental Needs – Wellness: \_\_\_\_\_

\*For more information, see Appendix A *State Opioid Response 2- Service Descriptions, Rates, and Qualifications*.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Provider / Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Appendix C**

### **State Opioid Response 2 - Voluntary Consent Form**

**Introduction:** SOR2 is a two-year grant that has been awarded to the Iowa Department of Public Health (IDPH) by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) that helps to increase access quality treatment and services from treatment providers across the state of Iowa.

Goals of SOR2: SOR2 is a grant that helps participants pay for evidence-based treatment for a substance use disorder when they might otherwise not be able to afford it. This grant helps to pay for Medication Assisted Therapy for people with opioid use disorder, Contingency Management for people with a stimulant use disorder, care coordination to help participants get the care services they need and other recovery support services that might help participants on their recovery path. During the grant, information is gathered that helps local, state, and federal agencies and funding authorities improve both substance use treatment and recovery services and access to those services and treatment for you and others in your community and across the country.

*SOR2 services are based on client needs, agency policy, and current available SOR2 voucher funding, and are subject to change.*

**Welcome to SOR2!** You are being asked to participate in SOR2 because of an opioid or stimulant overdose or because a treatment provider has identified that you have an opioid or stimulant use disorder.

**Data Interviews:** If you consent to participate in SOR2, you will be asked to take part in **three GPRA data interviews** that take 15 to 45 minutes each. GPRA (Government Performance Results Act) interviews ask questions about alcohol and drug use, education and employment, family and living conditions, involvement in the criminal justice system, and participation in social support and recovery groups. You will receive a \$30 dollar gift card for completing the GPRA Follow-up interview. In the event that during the attempted completion of the GPRA Follow-up Interview you're residing in a restricted setting, by signing this consent you grant your Care Coordination provider the ability to attempt contact with you which may include disclosure to the facility at which you reside of your involvement in SOR2.

**Release of Information:** As part of your involvement in SOR2, you are authorizing contact between IDPH and SAMHSA and each provider you're receiving services from, to obtain information necessary for SOR2 project management. This may include, but is not limited to, information related to fiscal reporting, quality improvement, client progress, and data collection. By signing this form you are authorizing release of information between you and IDPH and SAMHSA. You may revoke your release of information at any time except to the extent that action has already been taken. This consent expires automatically 6 months after your final GPRA interview. All identifying information is required by law to be kept confidential.

**Risks and Confidentiality:** IPN and SOR2 providers take the privacy of your information seriously. SOR2 providers, IDPH and SAMHSA must comply with confidentiality and protected health information requirements as set forth in Federal and State Confidentiality Regulations (42 CFR, Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR, 160 & 164). Your records are protected and cannot be disclosed without your written consent. HIV and/or HCV viral status information will be kept strictly confidential, pursuant to Iowa Code Chapter 141A.

Because SOR2 involves coordination of services you want, providers will ask you to sign a release of information to allow them to talk with other providers. You may revoke your release of information at any

time except to the extent that action has already been taken. Generally, a program may not condition your services on whether you sign a release of information, however, in the special circumstances of the voluntary SOR2 project, you cannot participate if you do not sign the Voluntary Consent Form.

A unique identification number will be assigned to you as a SOR2 participant. Authorized representatives from IDPH may have access to records that identify you by name. Any information you provide that is part of aggregate data given to SAMHSA will not include your name or other identifying data. If any publications or presentations result from the SOR2 project, you will not be identified.

**SOR2 is voluntary:** You can refuse to participate in SOR2 at any time. Refusal to participate in SOR2 will not affect any current or future substance use disorder treatment you may receive. You may refuse to answer certain questions and still participate in SOR2. If you refuse to answer a question, no one associated with SOR2 will seek the information you did not provide from some other source. If you participate in SOR2 and later choose not to participate, information you have already given will remain in the project.

As part of your involvement in SOR2 you will receive services from a Care Coordination provider. To assist you with your involvement in SOR2 and utilization of services in your recovery, Care Coordination providers establish policies and determine the appropriate use of funding (i.e. amounts, frequency, services or vendors), up to the available limits, as it pertains to your goals in recovery. Services you receive will be from a community provider as arranged by your care coordinator and shall not represent a conflict of interest.

**Client Rights:**

You have the right to:

- appropriate and considerate care and protection
- recognition and consideration of your cultural and spiritual values
- be told of all available SOR2 covered services and providers
- choose the services and providers you want from the list of available SOR2 covered services
- refuse a recommended service or plan of care
- review records and information about your services
- expect providers, IDPH, and SAMHSA to keep all communications and records confidential

**Maintaining Involvement:** If you do not receive at least one SOR2 service or participate in scheduled Care Coordination every 30 days, you will be discharged from the SOR2 program. It is your responsibility to make contact with your Care Coordination provider during this timeframe. In addition, if you do not return required documentation for services provided, ongoing services may be reduced or discontinued entirely. By signing this form, you agree to these conditions in order to maintain involvement.

**Questions:** If you have questions or concerns about the SOR2 project, contact [monica.wilke-brown@idph.iowa.gov](mailto:monica.wilke-brown@idph.iowa.gov).

**I have received, read, and understand the State Opioid Response - Voluntary Consent Form and all its contents. I agree to the conditions outlined above and choose to participate in the SOR2 program.**

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider / Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Appendix D**

## State Opioid Response 2 - Collateral Contacts Form

The State Opioid Response 2 project requires a GPRA Follow Up interview be completed for each client. To assist with this requirement, obtain at least three collateral contacts from the client to help in locating the client six months after intake. Collateral contacts can be individuals that have regular contact with the client (e.g. probation officers, family members, or case workers). Obtain a release of information from the client for each collateral contact.

*Documentation of collateral contacts may be completed  
in ISMART in lieu of completing this form.*

### Contact #1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phones: \_\_\_\_\_

E-mail: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Contact #2

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phones: \_\_\_\_\_

E-mail: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Contact #3

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phones: \_\_\_\_\_

E-mail: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Appendix E**

**State Opioid Response 2 - Release of Information**

I, \_\_\_\_\_ authorize \_\_\_\_\_  
(Client) (Care Coordination Provider)

to exchange information verbally and/or in writing with:

\_\_\_\_\_  
(Provider/Individual)

The nature and amount of the information shared will be as limited as possible, but may include:

- personal identifying information
- participation and status in SOR2 covered services
- drug test results
- collateral contacts for follow-up
- other (specify): \_\_\_\_\_

This consent is specific to my participation in the State Opioid Response 2 project and will be used for care coordination, to monitor and evaluate services, and to submit claims to the Iowa Department of Public Health.

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2 and the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), 45 C.F.R. Pts. 160 & 164. Federal rules prohibit any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted in writing. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any patient.

I also understand that I may revoke this consent in writing at any time except to the extent that action has been taken in reliance on it, and that, in any event, this consent expires automatically on the date on which all billing and reporting requirements related to my participation in the State Opioid Response 2 project have been completely processed.

I understand that, generally, a program may not condition my services on whether I sign a release of information, however, in the special circumstances of the voluntary SOR2 project, I understand that I cannot participate if I do not sign a release of information.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider / Witness Signature \_\_\_\_\_ Date: \_\_\_\_\_

## **Appendix F**

### **State Opioid Response 2 - Documentation Requirements**

*Each provider must document each SOR2 service provided.  
All SOR2 documentation must be available for IDPH review as requested.*

#### **All SOR2 providers must:**

1. have an organized system to document SOR2 covered services provision
2. document each client's name, SOR2 unique identification number, address, and phone number in the Voucher Management System
3. document the date, time and length of each SOR2 covered service provided
4. summarize the SOR2 covered service provided
5. maintain records in a secure manner that ensures confidentiality and complies with all state and federal laws and regulations pertaining to confidentiality of records
6. have policies and procedures in place for any volunteers associated with the provider
7. maintain personnel files that document an employee or volunteer is qualified to provide SOR2 covered services as outlined in Appendix A State Opioid Response 2 - Service Descriptions, Rates, and Qualifications
8. document any services or goods delivered to, or purchased on behalf of, clients using SOR2 funds (e.g. membership fees, service denials, estimates)
9. maintain documentation consistent with their specific licensure requirements; all other providers must maintain records of services provided for a minimum of five (5) years

#### **All Care Coordination Providers must:**

1. ensure each client signs all SOR2 forms in which a signature is required
2. maintain documentation of receipts which detail all items purchased pertaining to specific funds expended
3. maintain documentation of all estimates and/or purchases from a recognized vendor, which must be on company letterhead, dated by vendor, and include vendor phone and address
4. document medications detailing name of medication, prescribing practitioner, copy of prescription, and receipt of purchase
5. document any case of misuse or inappropriate use of SOR2 funds, including actions taken
6. document satisfaction survey distribution
7. document the distribution, including method of delivery, of incentive gift cards to the client or designee

## **Appendix G**

### **State Opioid Response 2 - Critical Incident Report**

Please email to: [monica.wilke-brown@idph.iowa.gov](mailto:monica.wilke-brown@idph.iowa.gov) within 24 hours of becoming aware of the incident

Today's Date: _____	Date of Incident: _____	Date Learned of Incident: _____
Name/Title of Individual Completing Form: _____		
Address: _____	City: _____	Phone: _____
Location where Incident Occurred: _____		

#### **CLIENT INVOLVED IN INCIDENT**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SOR2 ID #: \_\_\_\_\_

Male  Female

List any other involved party (i.e. other client, visitor, staff, etc.): \_\_\_\_\_

#### **NATURE OF INCIDENT**

- Death (from any cause after entry into SOR2 services) - cause of death: \_\_\_\_\_
- Suicide attempt
- Injury to self
- Injury to or assault on others
- Sexual / physical abuse or neglect, or allegation thereof
- Incarceration
- Inappropriate use of SOR2 funds by client
- Other - specify: \_\_\_\_\_

Describe incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Follow-up actions taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Critical Incident Reports are to be completed on every client involved in SOR2 until discharged from the program and GPRA Follow-up Interview has been completed or GPR A Follow-up window has closed.**

## **Appendix H**

### **State Opioid Response 2 - GPRA Follow-Up Strategies**

**There are several different ways to track clients in order to conduct follow-ups. Some examples are:**

- collateral contacts
- mail contacts
- telephone contacts
- internet searches
- home visits
- public information sources
- specialized institutional information systems

**Some things to remember about follow-up:**

- Follow-up starts at the SOR2 Grant Intake with GPRA Intake Interview, continues through the client's total SOR2 involvement, and ends when all clients are accounted for
- Think of follow-up as a process and not as an event

**Recommendations for follow-up:**

- Make the intake process a positive experience
- Prepare the client for tracking at each Care Coordination contact
- Have an updated list of collateral contacts

**Tips for follow-up:**

- Keep in touch with clients between the SOR2 Grant Intake with GPRA Intake Interview and the Care Coordination with GPRA Follow-up Interview.
- One month prior to the scheduled Care Coordination with GPRA Follow-up Interview, call the client or schedule a Care Coordination session and call the client's collateral contacts to verify the client's whereabouts
- Keep a tracking log
- Make sure the client has your phone number

**Appendix I**

**State Opioid Response 2 – Exception Request Form**

Please email to: [monica.wilke-brown@idph.iowa.gov](mailto:monica.wilke-brown@idph.iowa.gov)

Date Requested:	Provider Organization:
Client Name:	Provider Staff:
Client Identification Number:	Provider Telephone:
	Provider Fax:

Describe the exception request and how it supports the client's <i>recovery</i> :
<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Notes:

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Provider / Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

IDPH Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Appendix J**

### **State Opioid Response 2 – Receipt Form**

I, \_\_\_\_\_ acknowledge the receipt/distribution of:  
(client name)

- Contingency Management** (Card #): \_\_\_\_\_
- GPRA Follow-up Incentive** (Card #): \_\_\_\_\_
- Supplemental Needs**
- Clothing/Personal Hygiene Products: \_\_\_\_\_
- Education: \_\_\_\_\_
- Transportation: Bus: \_\_\_\_\_
- Transportation: Gas Cards / Cab / Ride Sharing Apps: \_\_\_\_\_
- Utility Assistance: \_\_\_\_\_
- Wellness: \_\_\_\_\_
- Other:** \_\_\_\_\_

from \_\_\_\_\_ (SOR2 provider organization name) in the  
amount of \$\_\_\_\_\_.

If applicable, I must provide documentation or receipt of goods or services and will provide that documentation or receipt by \_\_\_\_\_ (date)

**Clients who do not provide accurate documentation or receipts and/or who purchase unauthorized goods or services will not receive additional services for which the receipt was not provided and may be determined ineligible for participation in SOR2. In addition, IDPH reserves the right to collect reimbursement for the misused funding directly from the client.**

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider / Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If GPRA Follow-up Card is mailed:

Address sent to: \_\_\_\_\_

Project Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

Project Staff witness signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Appendix K**

**Recovery Call Questionnaire**

Client Name:	Date:
Client Phone Number:	Staff:

**Start the call by providing a summary to the client of the process you will use when conducting Recovery Check-Up Calls (purpose, use of tool, goals, how often and long calls will be made) and validate release of information is on file prior to call.**

<b>How has your recovery been going?</b>	
<b>Have you been able to sustain your recovery?</b>	
<b>What has contributed to your success?</b>	

**Complete the following questions if recovery has been sustained:**

<b>What has helped you sustain your recovery?</b>	
<b>Have there been specific services or supports that have helped sustain your recovery?</b>	
<b>Have you been regularly attending support group meetings?</b>	
<b>If yes, please specify type (AA/NA, Aftercare, etc.)</b>	
<b>If not, would you like information on these resources?</b>	
<b>Do you have anyone in your life you can talk to about your recovery?</b>	
<b>If yes, please specify who</b>	
<b>Have you been talking with them recently?</b>	
<b>Have you been doing things lately that bring you enjoyment?</b>	
<b>Do you feel like you're progressing towards goals you have set for yourself?</b>	
<b>Is there anything that you can think of that would be helpful to your recovery?</b>	
<b>Do you have any questions or need any information I can help you obtain?</b>	
<b>Would you like to schedule another call? If yes, when?</b>	

<b>On a scale of 1-10, how beneficial are these calls?</b>	<b>1 2 3 4 5 6 7 8 9 10</b>
--	-----------------------------

**Complete the following questions if recovery has not been sustained:**

<b>When did you return to use?</b>	
<b>What triggered the return to use?</b>	
<b>What have you been using?</b>	
<b>How often have you been using?</b>	
<b>How much have you been using?</b>	
<b>What has worked well for you in the past when you have returned to use?</b>	
<b>Do you have a recovery plan and if so, have you followed the plan?</b>	
<b>Can I assist you to access treatment or other recovery support services?</b>	
<b>Have you been regularly attending support group meetings?</b>	
<b>If yes, please specify type (AA/NA, Aftercare, etc.)</b>	
<b>If not, would you like information on these resources?</b>	
<b>Do you have anyone in your life you can talk to about your recovery?</b>	
<b>If yes, please specify who</b>	
<b>Have you been talking with them recently?</b>	
<b>Have you been doing things lately that bring you enjoyment?</b>	
<b>Do you feel like you're progressing towards goals you have set for yourself?</b>	
<b>Is there anything that you can think of that would helpful to your recovery?</b>	
<b>Do you have any questions or need any information I can help you obtain?</b>	
<b>Would you like to schedule another call? If yes, when?</b>	
<b>On a scale of 1-10, how beneficial are these calls?</b>	<b>1 2 3 4 5 6 7 8 9 10</b>